The School Crisis Response Initiative of the
National Center for Children Exposed to Violence
Yale Child Study Center

David J. Schonfeld, MD
Scott Newgass, MSW
Revised August 31, 2001

Introduction:

Recent tragic events have highlighted that schools are potential sites of community violence. Although the actual number of direct victims of violence from these high profile episodes has been small, the number of witnesses and survivors -- the secondary victims -- has been substantial. Due to the extensive media coverage and profound sense of loss experienced at a community level throughout the country, the number of indirect witnesses and survivors who suffer from vicarious traumatization -- what we may call the "tertiary victims" -- has been enormous. Schools are, as they should be, an integral part of the larger community. These episodes remind us that they therefore remain vulnerable to the same influences as the broader community.

Even for crises that do not occur on school property, schools can serve as an access point for children and adolescents who are victims, either directly or indirectly, of a crisis event. Schools can also reach out to parents and other adults within the community at the time of a crisis. As such, school-based crisis intervention can address the needs of many primary, secondary, and tertiary victims of a crisis that would otherwise not be addressed well through conventional public health and traditional medical services, especially if these efforts are coordinated with those of outside agencies and supplemented by resources extrinsic to the school system.

Experience has taught us how schools can support and assist children and staff both during and in the aftermath of a crisis. It is important that what is known in this area is shared broadly with school staff in order to prepare school communities for the eventuality of crisis events -- to equip them with the requisite knowledge and skills to initiate and sustain an effective crisis response. Given appropriate training, support, and adequate resources, school staff are in an excellent position to provide supportive services, short-term counseling, and triage and referral to community services for children and adolescents at a time of crisis.

Because of their pre-existing relationship with the students, their parents, and the community, a school-based crisis response team can respond promptly to a crisis event in a manner that is more likely to be personal and individualized than can outside consultants who are not familiar with the school and the community. Utilizing school-based crisis teams to meet the emerging needs of students, parents, and staff during a time of crisis reinforces the commonly held understanding that schools are focal points for the development of youngsters. School crisis teams should include not only individuals who work <u>for</u> the school, but also professionals from within the community (including those from mental health and juvenile justice) who work <u>with</u> the schools in an ongoing, collaborative fashion. Plans that disempower the staff by displacing them instead with "experts" from outside the community who approach the schools only in the aftermath of a crisis suffer from several vulnerabilities: 1) school staff have an ongoing relationship with and

knowledge of the students, their parents, and the community and can build this perspective into screening and intervening with those affected by the crisis, 2) school staff will remain in the community throughout the long recovery period that follows many crises and are uniquely suited to monitor the emerging and residual effects of a crisis and to plan and coordinate a comprehensive response, and 3) school staff are frequently consulted on day-to-day matters by parents and already have achieved credibility as resources for information and experts on the children in their care. When well trained school crisis teams are in place, consultants outside of the school system and local community may be used most effectively at the time of major crises -- to provide consultation to the school crisis team -- but not to assume a primary response role. The community will benefit most from enhancing and sustaining the supports in place and increasing the skills of those who will continue to contribute to the community well-being for months and years to come. It is our experience that adequately prepared school-based crisis teams can respond effectively to the majority of crisis events that will affect school communities. But in the absence of prior planning and preparation, schools too often fail to realize this potential.

This bulletin will describe the work of the School Crisis Initiative of the National Center for Children Exposed to Violence at the Yale Child Study Center, and provide an overview of the program's organizational model for school crisis preparedness and response. There is no ideal crisis response plan that will suit the needs of all schools and school districts. The organizational model that is presented within this document is intended to guide schools and school districts in the development of their own crisis response plan – individual schools/districts will need to adapt the general model to their unique needs and strengths. The intended audience for this bulletin is school personnel who can promote the establishment of school crisis teams, parents or other members of the community who can advocate for these services, and other professionals, such as within the juvenile justice system, who can assist in the establishment, training, and service delivery of school crisis teams -- in essence, anyone who is interested in helping communities respond better to the needs of children, adolescents, and adults in the setting of a crisis.

Background

The School Crisis Initiative of the Child Development-Community Policing Program and the National Center for Children Exposed to Violence at the Yale Child Study Center, funded by the Office of Victims of Crime,[1] is a collaboration of the Yale Child Study Center and community mental health professionals, law enforcement representatives, and local and state educational agencies. The program's mission is to empower school staff through prior planning and training, to provide consultation to schools in developing their capacities to meet students' emotional and mental health needs, and to provide technical assistance in resolving problems arising in specific crisis situations.

The program initially sought to develop and implement an organizational model for school crisis preparedness and response (Schonfeld, Kline, and Members of the Crisis Intervention Committee; 1994); to establish and coordinate training of school staff to enable schools to respond effectively in crisis situations; and to enhance community resources to address emergent mental health needs of children and adolescents in crisis settings. Since 1991, the program has provided multiple state, national and international presentations to varied educational, health, and juvenile justice professionals, including school administrators, teachers, school nurses, physicians, psychologists, social workers and bereavement counselors. The authors have provided training to approximately 12,000 school staff and related services specialists, including more than 500 school- and district-level teams, and technical assistance in approximately 200 school crises, many of which have involved the death of a student or member of the school staff.

An Organizational Model for School Crisis Preparedness and Response

With pre-existing hierarchical structures, school systems function with great efficiency under normal operational parameters. During crisis, however, schools must adapt to atypical demands and are faced with the tasks of maintaining their day-to-day operations while adapting to unexpected and frequently unpredictable influences. School staff, as members of the school and larger communities, will likely be personally affected by the same crises that are confronting their students. At these times of crisis they are least able to organize an effective crisis intervention response and to maintain the longer-range perspective that is required. They may underestimate the full impact of the crisis and/or feel overwhelmed by the extent, magnitude, and personal nature of the problems. For schools to effectively address the multiple issues that typically arise during crises, a preplanned, systematic organizational model is essential in directing the decisions of administrators and the activities of staff. For this to be meaningful, schools must be able to: 1) recognize the sequelae of crisis and the typical reactions of young people of different developmental stages, 2) utilize the broad range of skills available through the many disciplines represented on the school crisis team (including those of collaborating professions such as mental health, juvenile justice, and victim advocates), and 3) anticipate the future needs of the school population.

Crisis teams will need to determine which crisis events are likely to require or benefit from a team response. In general, the following four categories are included: 1) the death or catastrophic injury of a student(s), staff, or community member(s) that affects a significant portion of the school population, 2) a major environmental crisis, such as a flood or fire, 3) a situation where there is a threat to the physical safety of students, such as a school bus accident, even in the absence of injuries, and 4) a situation associated with a perceived threat to the emotional well-being of students, such as may be precipitated by hate-crime graffiti or repetitive bomb threats. Situations that only involve a few students, especially when privacy or confidentiality is a focus, are typically better addressed through means other than a crisis team, such as a student assistance team.

The crisis response plan should include guidelines on crisis team membership, the roles of crisis team members, protocols for delivery of crisis intervention services, and specific guidelines for responding to unique situations, such as large-scale natural disasters or criminal activities. The

plan must address three general areas: safety and security; disseminating accurate information to staff, students, parents, and, when appropriate, the general public; and the emotional and psychological needs of all parties. Experience has shown that all three domains must be addressed concurrently -- or none will be addressed effectively.

Three hierarchical levels of organization are recommended: 1) School-Based Crisis Intervention Team, 2) District-Level Crisis Intervention Team, and 3) Regional Resource Group. The School-Based Crisis Intervention Team provides the majority of direct services to students and staff for most crisis events. The District-Level Crisis Intervention Team is comprised of members of the district office, representatives of the school-based teams, and district-level collaborators and consultants, such as from the local mental health clinic and local police and fire departments and victim advocates. The district-level team establishes relevant district-wide policy in crisis preparedness and response and oversees its implementation at the school level, requires and arranges for training of the school-based teams, establishes and maintains district-level linkages with agencies and consultants, provides support and backup to the school-level teams at the time of a crisis, coordinates the sharing of resources among the school-level teams (e.g., assignment of counseling staff from other schools to a school that is responding to a crisis) and oversees the implementation of the response plan across schools within the district. The Regional Resource Group is comprised of representatives of the district-level teams as well as relevant professionals from the community (including the mental health and juvenile justice sectors). This group provides a forum for the sharing of experience among the participating school systems and collaborating experts, participates as indicated in district-level and school-level training, oversees the resource needs for the region and advocates for expansion of services (e.g., for emergent mental health services) as necessary, and establishes inter-district agreements for sharing of resources across district lines and facilitates such sharing at the time of a major school crisis that exceeds the resources available to an individual school system. School systems should adjust the specific functions of these teams and the relationship among them to fit the district's and region's needs (for example, smaller school districts may choose to have the district team provide more direct services to students).

Our Regional Resource Group was formed in 1991 (the initial participating school districts were East Haven, New Haven, North Haven, and West Haven, CT; additional school districts have subsequently joined the group) and led to the development of the organizational model, and the establishment of district-level policies in all participating school systems, provided initial training for school staff, advocated successfully for the expansion of regional urgent mental health services for children in crisis, and fostered the creation of the current initiative described within this bulletin. Our Regional Resource Group continues to meet on a quarterly basis.

Within both the school-level and district-level teams, the organizational model outlines specific roles and responsibilities. The seven roles, as summarized in Table 1, are: Crisis Team Chair, Assistant Chair, Coordinator of Counseling, Staff Notification Coordinator, Communications Coordinator, Media Coordinator, and Crowd Management Coordinator. Depending on the school/district, an individual team member may assume multiple roles, or several team members may share or divide responsibilities associated with one role. Team members must receive training in their roles, as well as an appreciation of the roles of other team members, and given time and opportunities to develop an identity as a team.

The protocol outlines specific means of efficient notification of crisis team members, school staff, students, parents, and other community members of crisis events that occur either during or outside of school hours and outlines suggestions for providing supportive interventions for students within classrooms (suggestions for appropriate classroom interventions can be found in Newgass S, Schonfeld D; 2000), support rooms (designated locations within the school staffed by counseling personnel to provide short-term supportive services to students individually and/or in groups), and support groups during and following a crisis. The organizational model utilizes assigned roles to address the multiple communication needs of schools and communities during a crisis. Within this framework, the crisis team is able to rapidly contact all necessary personnel; develop and circulate written notices for staff, students, parents, community and media; respond to the increased need to evaluate and assemble information as it develops; and manage the influence that media has on the scene, as well as nationally. The crisis team is able to coordinate the efforts of school personnel and parents with those of available mental health, police, and medical professionals to address the evolving emotional responses to traumatic and critical situations and will liaison with parent and student groups. The team is also able to perform preliminary assessments of liabilities or vulnerabilities associated with each school and district. These vulnerabilities may be a result of the populations served within the district, the location and physical layout of the buildings, the geographic and socioeconomic makeup of the region, and behavioral trends being exhibited within the student population.

Given sufficient structure to coordinate services at the time of a crisis, schools are better able to continue to function with minimal disruption in the immediate aftermath of a crisis event. While adjustments will need to be made to the students' activities, such as postponing exams, substituting instructional activities with supportive classroom discussions about the crisis event, and allowing excused absences to permit student and staff attendance at funeral and memorial services, it is optimal to continue to the extent possible routine school activities. Students who feel unable to maintain their regular school schedule should be permitted to seek counseling or support services in a less structured setting, such as a support room. Although some crisis situations will necessitate closing a school for a brief period of time, whenever feasible, efforts should be made to avoid the need to cancel school or dismiss students early. Especially at a time of crisis, students find comfort in the routine afforded by the school day structure and by being surrounded by their peers and trusted adults. Cancellation of school may only be disruptive and create additional burden for working parents who are often required to place their traumatized children in unsatisfactory last-minute childcare arrangements. Temporary removal from school may also heighten fears of returning to school and engender school avoidance behaviors. In crisis situations where concerns about student safety persist in the immediate aftermath of a crisis event, it may be necessary to reconvene school in an alternate site; school crisis plans should incorporate arrangements for this possibility.

General protocols should be flexible enough to allow for modifications to address needs for special situations, such as natural disasters or criminal activities. While it may be argued that every crisis situation is unique, it is precisely this characteristic of crisis events that requires there be an initial agreement on a general organizational model. In the absence of an infrastructure to respond to a crisis, it is highly unlikely that any meaningful response to a specific crisis can be developed on an emergent basis.

Utilizing Principles of Mental Health Triage

Staff within support rooms should provide mental health triage and referrals as indicated to additional supportive and counseling services within the school and community, while following the principles of mental health triage (Schonfeld, Kline, Members of the Crisis Intervention Committee; 1994). Professionals knowledgeable with the Incident Command Structure and the principles of search and rescue and medical triage may fail to appreciate that not all professionals are versed in principles of triage. Schools were established to provide appropriate services to all students -- they have a zero reject policy (i.e., they serve all students) and are mandated to provide all necessary services required by students to facilitate their education. Principles of triage recognize that in certain settings and under certain conditions, it is not possible to provide everything to everyone -- decisions must be based instead on the most efficient utilization of limited resources to prevent the most harm. In the context of mental health triage during a school crisis, this will mean that children with emergent mental health needs (i.e., in need of immediate evaluation and services by a mental health professional) should be referred directly to appropriate community resources and should not receive extensive evaluations nor counseling services by school personnel. This will of course require pre-existing access to appropriate emergent and urgent mental health services for traumatized children and adolescents. Children who are not in need of emergent mental health services may be offered limited interventions, such as in group settings (e.g., classrooms or support groups). Evaluations during the immediate aftermath of a crisis must be goal-specific -- to identify those that are in need of emergent services and to expedite their referral. More lengthy and in-depth evaluations should be postponed until a later time when additional resources become available.

Follow-up

The response to a crisis event is characterized by both immediate reactions and long-term responses. Individuals within the school community, whether they be children or adults, will respond to the crisis event and grieve over time. In the setting of a major crisis event, reactions will commonly be seen months and even years afterward. A school-based crisis intervention team is particularly well suited to monitoring the students' and staff's adjustment over an extended period of time. Through this ongoing process, individuals in need of further services can be identified and referred to community resources. The team may also recognize common needs of students and staff that may be addressed through the establishment of support groups within the school setting.

Memorialization

Crisis teams will often need to address the content and timing of memorialization efforts. Immediate issues, such as how to handle the child's desk or how to convey formally the condolences to family survivors on behalf of the school, are appropriately addressed in the immediate aftermath of a crisis event by the school crisis team, allowing as much input from the

school community as feasible. Frequently, though, efforts to initiate formal memorialization activities (e.g., raising funds for a scholarship fund to honor a teacher who was murdered) may begin within hours of notification of the crisis. This may serve to divert energy from addressing the acute psychological and emotional needs of the victims and lead to the appearance of premature closure of the crisis event -- hindering efforts to promote further adjustment and coping among members of the school community. Thoughtful memorial responses, that evolve out of an ongoing discussion of the victims of a crisis about how they most wish to remember the individual(s), should instead be encouraged and supported. Often these efforts rely on symbolic activities that do not require the raising of any funds and are much more meaningful and expressive, and therefore therapeutic, for the survivors. Schools that instead rely on formal, traditional means of memorialization (such as placement of plaques in the hallway, dedication of the yearbook, etc.) should be cognizant that this may establish a precedent for the school. At the time of subsequent deaths of students or staff, those most directly impacted by these losses may question why similar memorial activities are not instituted -- for example, the friend of a child who dies of cancer may question why more attention was given to a child who died from sniper fire; classmates of a student who committed suicide may question why the death of their peer is not similarly acknowledged, etc. Meaningful, symbolic, and respectful memorializations can instead be developed and implemented for each loss that impacts on the school community (for further discussion of memorialization, see Newgass and Schonfeld, 2000).

Crisis teams should also be cognizant that there will be a wide range of coping styles represented among the various members of the school and broader communities and individuals often have very different timelines for adjusting to a crisis event. It should therefore be anticipated that even when it is the optimal time for a memorial event for most affected members of the community, some individuals will be ready to move on after a crisis event and be disinterested in further memorialization, others who have not yet adjusted to the crisis may be averse to traumatic reminders associated with a memorial event, and still others may be interested but not yet ready to participate fully. Creating an atmosphere of respect for differing ways of remembrance and memorialization and encouraging groups of students and staff to tailor memorialization efforts to the unique needs of their group is an important part of the follow-up activities of the crisis team.

Enhancing Community Resources

The plan for school crisis preparedness and response can not, and should not, be developed by the school system in isolation. Members of a diverse group of disciplines and professions representing the full range of community resources should be involved directly in both the planning and implementation of the model. Through an organized, collaborative, capacity-building planning process, the community can anticipate the majority of needs that may arise in a school crisis, and can then draw on the membership of the collaborative group to identify resources that are already available, and take the necessary steps to establish those that are not currently available (e.g., many communities lack quality mental health services for children that can be accessed readily and in a timely manner; if this situation is not remedied by the community, then efforts on the part of the school to identify children in need of mental health services will be seriously undermined and may even be counter-productive). An extensive

network of partners from various service sectors, including police and other governmental agencies, mental health providers, social service agencies, and victim advocates, should therefore be established and maintained. Although time consuming, maintenance of this network has far-reaching benefits beyond that of crisis intervention and allows the school and community to address a broad array of prevention and intervention services related to the mental health and safety of children and young adults within the region. For example, in some school crisis situations, the services of police and fire rescue teams may be indicated. Proactive and collegial relations with the local police will help to minimize conflicts around organizational response and allocation of resources at these times of crisis. But these proactive relationships will also contribute to more effective interactions between schools and police in non-crisis incidents, such as criminal investigations or arrests involving students on school grounds or means to facilitate communication between juvenile justice and school authorities regarding students under probation. This immediate "payoff" of crisis preparedness is what helps preserve commitment to the process of crisis planning. Plans that only yield benefit to the school and community in the event of rare major crisis events will generally meet with organizational resistance and a failure to achieve the buy-in which is necessary for the planning, implementation, and, most importantly, the maintenance of readiness to respond to a crisis.

Training of Crisis Teams and School Staff and Consultations to Schools and School Districts

While school staff have a general understanding of child development and possess instructional skills, many are not familiar with children's reactions to trauma and stress and how it is related to the child's developmental level, nor how to apply their instructional abilities to support children and teach them positive coping skills at the time of a crisis. Most school staff are not aware of the basic principles of an incident command structure, nor how to maintain an organizational focus during a crisis. Training conducted by our program therefore aims to cover the following areas: 1) crisis theory as applied to children and adults, 2) children's reactions to traumatic events and grieving and bereavement of children (Schonfeld,1993), emphasizing that most reactions of children and staff to crisis events are not manifestations of mental illness as much as normal reactions to abnormal events,3) the organizational model for crisis response, including an emphasis on roles and responsibilities of crisis team members and protocols for implementation of the crisis response, 4) principles of memorialization, 5) classroom interventions, 6) support room interventions, and 7) mechanisms to provide support for staff (i.e., one another) during a crisis.

Optimally, full crisis teams participate in training together. Interactive, table-top exercises are used to illustrate the strengths of the organizational model and highlight the gaps in current implementation of the model (such as identifying previously unanticipated needs). Most importantly, though, the group activities are used to focus attention on the process of working as a team -- achieving the balance between leadership and full participation by team members -- so that members of the team realize that the group process allows consideration of multiple vantage points and the arrival at a compromise respecting potentially competing priorities such as assuring order and security, providing accurate information to the school community, and promoting emotional recovery and optimal coping. Our ongoing consultation to the teams promotes further development of the working relationships among team members and helps the

team to establish and to solidify collaborative relationships with local agencies, including mental health and juvenile justice, and to form functioning district teams and regional resource groups.

Supporting Crisis Team Members and School Staff

A crisis of any nature often awakens feelings related to a prior crisis that may assume a primary focus for a particular child or staff member. At these times of stress, given an appropriate opportunity, children (and adults) may be more inclined to disclose a wide range of personal crises. If this is not anticipated, then the members of the crisis response team can become easily overwhelmed by the discrepancy between available resources (including limitations in skill and time of various team members) and the evolving and seemingly infinite needs of the community.

All members of the crisis teams, as well as the school administration, need to recognize that this work is difficult and provide adequate supports for school staff and other members of the crisis response team as they do this work. Crisis response planning for a community must therefore ensure that the appropriate supports are in place to attend to the mental health needs of members of the crisis response team. An employee assistance plan (EAP) is one way to provide access to discreet, confidential, cost-free mental health services over the short-term. School systems that do not have EAP programs may instead develop a resource list of several practitioners who are experienced in working with traumatized adults and who have agreed to make themselves available for staff support off-site. Since this approach will generally require considerable out-of-pocket expenses, it may limit access for staff in need of the service. Whether a school system uses an EAP or a less structured model based on available clinicians who will provide intervention with staff on a case-by-case basis, schools should make the names and numbers of contact people available at the beginning of the crisis response and urge school staff to avail themselves of this resource. A mechanism and policy for debriefing, especially after a major crisis event, should be established since members of the crisis team may not even be aware of the full impact the crisis, and their crisis response activities, are having on their own personal and professional functioning.

Representative Publications:

Schonfeld D, Kline M, and Members of the Crisis Intervention Committee: School-based crisis intervention: an organizational model. *Crisis Intervention and Time-Limited Treatment* 1994; 1(2):155-166.

Lichtenstein R, Schonfeld D, Kline M, Speese-Linehan D: *How to Prepare for and Respond to a Crisis*. Alexandria, ASCD, 1995. (Portions of this book may be viewed at www.ascd.org/framebooks.html – search under author Lichtenstein)

Newgass S, Schonfeld D: School crisis intervention, crisis prevention, and crisis response. In Roberts A (ed): *Crisis Intervention Handbook: Assessment, Treatment, and Research* (2nd edition). New York, Oxford University Press, 2000, pp. 209-228.

Schonfeld D: Talking with children about death. *Journal of Pediatric Health Care* 1993; 7: 269-274.

For further information about the School Crisis Initiative, or to request consultation or technical assistance, contact the National Center for Children Exposed to Violence at:

www.nccev.org

1-877-49-NCCEV (1-877-496-2238)

To contact the authors directly:

David J. Schonfeld, M.D.
Department of Pediatrics
Yale University School of Medicine
333 Cedar St., P.O. Box 208064
New Haven, CT 06520-8064
E-mail: David.Schonfeld@yale.edu

Scott Newgass, M.S.W.
Yale Child Study Center
230 South Frontage Road
New Haven, CT 06520-7900
E-mail: Scott.Newgass@yale.edu

Table 1:

Roles of Crisis Team Members

Crisis Team Chair -- often an administrator or designee, this individual is responsible for convening the scheduled and emergency meetings of the team, overseeing the broad and specific functioning of the team, assuring that needed resources are available to each team member for their assigned duties, and communicating with the district-level team.

Assistant Chair -- this individual assists the Chair in all functions and substitutes for the Chair in the event of the Chair's absence.

Coordinator of Counseling -- this individual should have appropriate counseling and mental health skills and experience. The Coordinator of Counseling will develop the mechanisms for ongoing training of the crisis team members and other school staff and identify and establish liaisons with community resources for student and staff counseling. At the time of a crisis, the Coordinator of Counseling will determine the extent of need for counseling services, mobilize community resources as indicated, and oversee the mental health services provided to students.

Staff Notification Coordinator -- this individual is responsible for establishing, coordinating, and initiating the telephone tree to contact the crisis team and general school staff (including itinerant, part-time, and para-professional staff) during hours when school is not in session. There should also be a plan for rapid notification of all staff and dissemination of relevant information during regular school hours.

Communications Coordinator -- this individual is responsible for conducting all direct in-house communication, screening incoming calls, and maintaining a log of telephone calls related to the crisis event. The Communications Coordinator will assist the Staff Notification Coordinator in developing a notification protocol for crises occurring during the school day.

Media Coordinator -- this individual is responsible for all contact with the media. The Media Coordinator prepares statements for dissemination to staff, students, parents, and the community-at-large and maintains ongoing contact with police, emergency services, hospital representatives, and the district office to keep information as up-to-date as possible. All requests by the media for information are directed to this individual who should coordinate the response with the Media Coordinator on the district-level team.

Crowd Management Coordinator -- this individual is responsible, in collaboration with local police and fire departments, for developing and implementing plans for crowd management and movement during times of crisis, including evacuations plans and security measures that may be required during times of crisis. Crowd management plans must include arrangements to cordon off areas with physical evidence, manage increased vehicular and pedestrian traffic, and in the event of an actual threat to physical safety of students, assure safe and organized movement of students that will minimize the risk of harm under various scenarios (e.g., sniper fire within the school).